

**PRINT in INK**

Enter the name of the county in which the original case was filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>	<i>For Official Use</i>
Check marriage or paternity. If paternity, enter initials of child.	In RE: The <input type="checkbox"/> marriage <input type="checkbox"/> paternity of _____	
Enter the name, address, and daytime phone number of the petitioner or joint petitioner from the original case file.	<b>Petitioner/Joint Petitioner:</b> _____ First name                      Middle name                      Last name _____ Current Mailing Address _____ City                      State                      Zip                      Daytime phone number	
On the far right, mark the box for the change(s) you requested and enter the original case number.	<b>vs.</b>	
Enter the name, address, and daytime phone number of the respondent or joint petitioner from the original case file.	<b>Respondent/Joint Petitioner:</b> _____ First name                      Middle name                      Last name _____ Current Mailing Address _____ City                      State                      Zip                      Daytime phone number	<b>Decision &amp; Order on Motion or Order To Show Cause to Change:</b>  <input type="checkbox"/> Legal Custody <input type="checkbox"/> Physical Placement <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: _____
Check if the State of Wisconsin is a party or not. If you are unsure, you may call your local Child Support Agency.	The State of Wisconsin (Child Support Agency) <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> a party to this action.	Case No. _____

**STOP! Do not complete the remainder of this form unless required by the court official who is hearing this case.**

Enter the name of the court official who held the hearing and the address and date [month, day, year] on which it was held.
Check one box from 1 and check A or B. If B, enter the name of the attorney.
Check one box from 2 and check A or B. If B, enter the name of the attorney.
Check A, B, C, or D. If B, C, or D, enter the name of the individual who appeared.

## DECISION AND ORDER ON MOTION or ORDER TO SHOW CAUSE

### HEARING

**A hearing was conducted in this matter as follows:**

1. Before \_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner
2. Location \_\_\_\_\_  
\_\_\_\_\_
3. Date \_\_\_\_\_

### APPEARANCES

1. Former Wife/Mother:  
☐ appeared **in person** ☐ appeared **by phone** ☐ **did not appear** **AND**  
A. ☐ was self-represented.  
B. ☐ was represented by Attorney \_\_\_\_\_
2. Former Husband/Father:  
☐ appeared **in person** ☐ appeared **by phone** ☐ **did not appear** **AND**  
A. ☐ was self-represented.  
B. ☐ was represented by Attorney \_\_\_\_\_
3. Others appearing at the hearing:  
A. ☐ None.  
B. ☐ Child Support Agency by \_\_\_\_\_  
C. ☐ Guardian ad Litem (GAL) \_\_\_\_\_  
D. ☐ Other: \_\_\_\_\_

**FINDINGS and ORDER:**Based on the findings and reasons stated, **IT IS ORDERED:****1. The Motion or Order to Show Cause is:**

Check A, B, or C.

Check A if the court  
denied the request to  
change the order.Check B, if the judge  
ordered the parties to do  
certain things before  
he/she makes a decision.If B, check all that apply  
and complete the  
corresponding  
information as necessary.Check C, if the judge  
ordered changes to the  
current court order.If C, check all that apply  
in 1-4, and complete the  
corresponding  
information as was  
ordered by the court.A. ☐ **DENIED** because no substantial change in circumstance was found. The current order remains in effect.B. ☐ **DEFERRED** to collect more information. Before making a final decision the court orders the following:

1. ☐ The parties attend mediation with \_\_\_\_\_.
  - a. ☐ no payment is required.
  - b. ☐ wife/mother to pay \$ \_\_\_\_\_ towards the mediation fee by \_\_\_\_\_.
  - c. ☐ husband/father to pay \$ \_\_\_\_\_ towards the mediation fee by \_\_\_\_\_.
2. ☐ Attorney \_\_\_\_\_ be appointed as GAL and:
  - a. ☐ no payment is required.
  - b. ☐ wife/mother to pay \$ \_\_\_\_\_ towards the GAL fee by \_\_\_\_\_.
  - c. ☐ husband/father to pay \$ \_\_\_\_\_ towards the GAL fee by \_\_\_\_\_.
3. ☐ A physical placement study be conducted by \_\_\_\_\_.
  - a. ☐ no payment is required.
  - b. ☐ wife/mother to pay \$ \_\_\_\_\_ towards the study fee by \_\_\_\_\_.
  - c. ☐ husband/father to pay \$ \_\_\_\_\_ towards the study fee by \_\_\_\_\_.
4. ☐ Other: \_\_\_\_\_

C. ☐ **GRANTED** as follows:

1. ☐ The legal custody or physical placement of the following children: \_\_\_\_\_ is changed:
  - a. ☐ to joint legal custody with both parents.
  - b. ☐ to sole legal custody with (name of parent) \_\_\_\_\_.
  - c. ☐ from primary physical placement with (name of parent) \_\_\_\_\_ to (name of parent) \_\_\_\_\_.
  - d. ☐ from shared placement to primary placement with (name of parent) \_\_\_\_\_.
  - e. ☐ to require placement be: ☐ supervised ☐ unsupervised as follows: \_\_\_\_\_
  - f. ☐ according to the attached placement schedule.
  - g. ☐ Other: \_\_\_\_\_
2. ☐ Change the financial orders as follows:
  - a. ☐ **Child support** ☐ held open ☐ to \$ \_\_\_\_\_ per \_\_\_\_\_ beginning on the first day of the month of \_\_\_\_\_. Payments shall be made by (name of parent) \_\_\_\_\_.
  - b. ☐ **Maintenance** (spousal support) to \$ \_\_\_\_\_ per \_\_\_\_\_ beginning on the first day of the month of \_\_\_\_\_.
  - c. ☐ **Arrears payment** to \$ \_\_\_\_\_ per \_\_\_\_\_ beginning on the first day of the month of \_\_\_\_\_.
  - d. ☐ **Arrears balance** is set in the WI SCTF KIDS computer system at \$ \_\_\_\_\_ as of the first day of the month of \_\_\_\_\_.
  - e. ☐ **Arrears interest** is set in the WI SCTF KIDS computer system at \$ \_\_\_\_\_ as of the first day of the month of \_\_\_\_\_.

Enter how the court ordered the payments to be made.

**Payments shall be made:**

1. ☐ No payments are ordered to be made.
2. ☐ to the Wisconsin Support Collections Trust Fund (WI SCTF) at Box 74200, Milwaukee, Wisconsin 53274-0200:
  - a. ☐ directly from the payer to WI SCTF (**only allowable if self-employed**).
  - b. ☐ by income assignment from the payer's employer as indicated below:

Employer name \_\_\_\_\_

Address of payroll office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. ☐ Other **financial** order(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ See attached

4. ☐ Other **non-financial** order(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ See attached

Check A or B.

If B, enter the date and time of the review hearing, the judge who will preside, and the room number where the hearing will take place.

**2. A future hearing:**A. ☐ is NOT required.B. ☐ is set for (date) \_\_\_\_\_ time \_\_\_\_\_ am/pm  
before \_\_\_\_\_ in Room # \_\_\_\_\_.

3. Both parties shall notify the Clerk of Courts and the local Child Support Agency in writing, within 10 business days of any change of address, employment, and of any substantial change in income affecting the ability to pay support. This notification does not change the support order. Any party may file moving papers to change this order.
4. If this matter was heard by a Court Commissioner, and either party requests a new hearing, a Request for New (DeNovo) Hearing must be filed with the Clerk of Courts within the time period established by local court rule.
5. If this matter was heard by a Circuit Court Judge, this is a final judgment/order for purposes of appeal.

**FAILURE TO OBEY THIS ORDER IS PUNISHABLE AS CONTEMPT OF COURT AND  
MAY RESULT IN A JAIL SENTENCE.**

**BY THE COURT:**

**For Court Use Only.**

\_\_\_\_\_  
Circuit Court Judge/Circuit Court Commissioner\_\_\_\_\_  
Name Printed or Typed\_\_\_\_\_  
Date

**When you submit this order to the court, you must send copies to the other party(s). The other party(s) has up to 5 business days to object to the accuracy of this order.**